



# Commercial Plumbing Permit Application

## City of Maple Grove

Fax 763-494-6417 Phone 763-494-6062  
12800 Arbor Lakes Pkwy, P.O. Box 1180  
Maple Grove, MN 55311

### For Office Use Only

Permit # \_\_\_\_\_

Permit Cost \_\_\_\_\_

Date Received \_\_\_\_\_

2015 MN Plbg Code

Job Site Address: \_\_\_\_\_ Suite/Unit #: \_\_\_\_\_

Tenant: \_\_\_\_\_

### Property Owner/General Contractor

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Contractor

Company Name: \_\_\_\_\_ Contractor License #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Office Phone #: \_\_\_\_\_

### Work Type (check all that applies)

<input type="checkbox"/> New	<input type="checkbox"/> Interior Finish	<input type="checkbox"/> Remodel	<input type="checkbox"/> Repair
Separate Permits Req'd for RPZ Install/Rebuild			
<input type="checkbox"/> RPZ Irrigation \$51	Qty _____	RPZ Equipment \$51	Qty _____

**Note: HVAC/Mechanical permit application required for gas piping and medical gas.  
Plans and permit will be reviewed by mechanical inspector**

### Description of Work:

\_\_\_\_\_  
\_\_\_\_\_

**Estimated Value of Work Performed \$** \_\_\_\_\_

I hereby apply for a mechanical permit and acknowledge that the information above is complete and accurate. I understand that this is not a permit and work is not to start without a permit. I understand that the permit will expire and become null and void if the work does not begin within 180 days or is suspended at any time for 180 days. I acknowledge that I am responsible to call for all required inspections and insuring that all work will be done in compliance with the ordinances of the City of Maple Grove and the laws of the State of Minnesota.

\_\_\_\_\_  
**Signature of Applicant/Date Submitted**

**Submittal Checklist:**

\_\_\_ 2 Copies of the plans are required. Plans must be signed by a State of MN Registered professional. \*\* Plan review process is 3-5 days\*\*

**Permit Ready for Pick-Up/Mail:**

\_\_\_ Please \_\_\_call \_\_\_email me to pick up the plans and permit

\_\_\_ Payment submitted; please mail permit and plans.

**Payment Submitted:**

\_\_\_ Check \_\_\_ Credit Card \_\_\_ Discover \_\_\_ Mastercard \_\_\_ Visa \_\_\_AMEX

\*\*Please Note: Permit fee of \$1,000 or more must be paid by check.

Contract Amount	Formula	Fee
Job value of \$2500 or less	\$75	\$75
Job value over \$2501 to \$10,000 _____ - \$2,500 = _____x 2% + -----→ (Total Job Value)	<b>\$75</b> plus 2% of value over \$2500	
Job value greater than \$10,000 _____ - \$10,000 = _____x 1.5% + ---→ (Total Job Value)	<b>\$225</b> plus 1.5% of job value over \$10,000	
<b>State Surcharge – to be included in each permit</b>	<b>.0005 x job value</b>	
<b>Total Permit Cost</b>		

Signature\_\_\_\_\_Date\_\_\_\_\_